MEETING MINUTES

Project Name: IPRS	**Doc. Version No:** 1.0	**Status:** Final

Meeting Name:	IPRS Core Team Meeting
Facilitator:	Eric Johnson, DMH
Scribe:	Theresa Sherman
Date:	01/09/2008
Time:	10:30 – 11:30 AM
Location:	Wycliff Room 429

IPRS Core Team Attendees:

	Gary Imes		**Others:**
	Thelma Hayter	x	Cathy Bennett
x	Eric Johnson	x	Sandy Flores
	Travis Nobles	x	Paul Carr
	Cheryl McQueen	x	Theresa Diana
	Joyce Sims		Chris Ferrell
	Jamie Herubin	x	Rick Kretschmer
x	Mike Frost		Deborah LeBlanc
x	Myran Harris		Tim Sullivan
		x	Theresa Sherman

Attendees:

	Alamance-Caswell	x	Johnston
x	Albemarle		Mecklenburg
x	Catawba	x	Onslow-Carteret
	Centerpoint	x	OPC
x	Crossroads	x	Pathways
x	Cumberland	x	Sandhills
x	Durham	x	SE Center
x	Eastpointe	x	SE Regional
	ECBH		Smoky Mountain
x	Five – County MHA	x	The Beacon Center
x	Foothills	x	Wake
	Guilford	x	Western Highlands

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Attendees:	
Item No. Topics	1. Roll call 2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.** 3. Upcoming Check-writes (cut-off dates) – Jan. 10, 17 4. Agenda items • **YP500** • **Target Pop Matrix Update (IPRS Website 12/20/2007** • **System audit Manual Update (IPRS Website 12/20/2007** • Beta Test (NPI) Requirements Review ▪ 100 records/LME/submission; Format test; full cycle run, 835 ▪ **Update schedule termination: TBD** • IPRS Questions or Concerns • MMIS Updates-Chris Ferrell / Theresa Diana 5. DMH and/or EDS concluding remarks a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. i. Physician phone analyst (i.e. Independent Mental Health Providers)-1 ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2 6. Roll Call Updates

Next Meeting: January 16, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355
M-F, 8 a.m.-4:30 p.m., excluding holidays.
IPRS Question and Answer email address – iprs.qanda@ncmail.net

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	**Topics**
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3.	**Upcoming Checkwrites** (cut-off dates) January 10, 17
4. 5 6	**Agenda items** • **YP500** • **Target Pop Matrix Update (IPRS Website 12/20/2007** • **System audit Manual Update (IPRS Website 12/20/2007** • Beta Test (NPI) Requirements Review ▪ 100 records/LME/submission; Format test; full cycle run, 835 ▪ **Update schedule termination: TBD** • IPRS Questions or Concerns • MMIS Updates-Chris Ferrell / Theresa Diana • DMH and/or EDS concluding remarks • For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. • Physician phone analyst (i.e. Independent Mental Health Providers)-1 • Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2 • Roll Call Updates • IPRS Questions or Concerns (Eric) This is our first Core Team Meeting for the year 2008, I'm glad to have everyone's participation and look forward to the new year. (Eric) We had a Checkwrite last week and the cut off was the third of January. Before we open the floor to question about the Checkwrite, I just want to briefly give you an update. There was an issue with the last check write and as a result, the EFT is going to be delayed one day. The check write completed but there were a couple of issues that had to be resolved which is going to effect the date of the EFT. Instead of the EFT taking place today as it usually would, it's going to take place tomorrow which is Thursday the 10th of January. Look for the presence of your funds tomorrow. (Eastpointe) Terry - We have been receiving a huge number of denials with our Checkwrite. The email that came out in regard to the new edit for H0019 and H2020 was that just effective? This was the email that came out January 4. (Eric) We are actually going to go over that. (Catawba) Tammy- We have about 90 pages of denials in reference to the NPI. I am hoping that we are not the only people that have that problem. We received EOB code 8326, 8963. (Eric) Yes, we are aware of the NPI denials for Catawba. We will get back to you to discuss it. (Paul) Yes, we will touch base with you this afternoon. (Paul) We just wanted to let you know that you are the only one that received the 8963 denial, because Catawba is the only LME that is presently

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sending in NPI only.

(Eric) Are there any questions to this week's checkwrite? The next checkwrite cut off date is tomorrow and the last one for the month is January 17, as noted on the agenda. (Eric) We have a few new items to discuss with you that are listed and one item is not listed on the agenda. The first one will be YP500.

(IPRS) Mike- We wanted to go over the YP500 procedure code and let you know that for this last checkwrite we had ended that procedure code with a December 31 date, and it was based on date of processing. There were a few LME's that received denials for claims that they submitted with date of services prior to the first of the year. The YP500 procedure code has been changed so that it would go off of date of service rather than date of processing. If you received a denial, you can go ahead and resubmit those claims with date of service prior to January 1. (Eric) Any questions about the YP500?

(Southeastern Center) So the end date, if we got the service as of August or September, are suppose to start the service on August 1, and end it on December 31? (Eric) We believe that typically what people do is submit one claim per month; I think you are asking whether to submit all claims at once. (one big claim) August thru September? (Southeastern Center) Can we do that? (Mike) It is typically one claim per month.

(Eastpointe) Terry- we have been submitting those and been denied for all of them, because this code has been in discussion, are you saying this code is now valid a code and we can go back and bill it? I think it required some money moved because of emergency funds. (Eric) In regard to the fund being allocated, that part has not been completed yet. The cut off is still effective, but we still have a little bit more work to do on our side in regards to the funding. But, we are expecting to complete the allocation of the funds very soon. Does that answer you question? (Terry) Are you saying that after 12/31/07 this code is not billable? (Eric) Yes, it is end dated. We will notify you when funds are re-allocated and you can start to submit more claims for this code.

UPDATE: These claims should not be resubmitted. If an LME has an existing obligation for this service after 12-31-07, they should contact the DMH budget office to request realignment of funds and begin the FSR process.

(Eric) An item for today that is not on the agenda is Child Residential Treatment Services. This has been in question and we have been working on this for a while. The edits have been put in place into the system to prohibit the billing of H0019 and H2020 by LME's with their 34049xx billing number which is Type/Specialty 074/113. That is effective on or after May 1, 2007. There is a new EOB which is 8555 with a description that says a provider with Type/Specialty 074/113 cannot bill Enhanced Benefit Services on after date of service May 1, 2007. This information was sent out on January 4, by EDS in a User Alert describing the system update. It went out on January 4th and should be in your email. The subject is CSR # NCH865, Phase VI, Child Residential Treatment Services. Please refer to that email.

(Southeastern Regional) Amy- Eric, if I did not receive that email, what can I do to receive that? (Eric) Send us an email or give us your email and we will include you. (Amy) It is aabrams@srmhc.org. (Eric) did you received the IPRS Meeting Minutes or documentation that went out in regard to this meeting? (Amy) Yes.

(Johnston) Janet- What email are you referring to? (Eric) The email that was sent out January 4, of this and it was in regard to the Phase VI, Child Residential Treatment Services, the edits being completed in IPRS, which prohibits the billing of H0019 and H2020 by the LME's using their 34049xx Number as their billing

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number. (Janet) So, that email should have been sent out January 4? (Eric) It was sent on January 4.

(Western Highlands) Tom- – Is the core number applying to the provider for those services? And is there an alpha suffix for those core numbers like other enhanced services? (Eric) I'm certain there is an alpha suffix; I don't know if I can tell you off hand. (Eric) This goes out to anyone who is fully divested, you will use the 34049xx whatever E number as your billing number, because you are fully divested,

(Western Highlands) Tom- The attending provider for these services would consist of the agency core number, but, would that core number contain an alpha suffix. When I look up the provider core number on IPVR0552, it recorded a core number but not a service level number that has the alpha suffix. Some are led to believe that they won't have an alpha suffix. (Eric) Tom we are not certain that has changed. We are going to look into this and we will get back to you. (Terry) Eric, we are not fully divested. We would need our enhanced core for the billing provider number and than we just don't know what we are supposed to use for our attending number.

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(Eric) The Attending Type/Specialty has to be 107/096 (Terry) I understand that. The billing provider number is our core number because they are billing it through us. But the attending number is going to be the provider attending number, but you are telling us you don't know whether the core is with a suffix or just a core number. What would we use for this residential service, because there is not an Enhanced number or suffix number that I'm aware of? (Tom) That is my point too. Since 2006, Medicaid board says they don't list Residential Services. (Terry) And that is not listed as an Enhanced Service. (Eric) The attending provider's type/spec to be assigned is 107/096

(Eastpointe) Terry- Will you guys send out an email to the group? (Paul) How is this provider doing with the Medicaid? (Terry) They have an assigned number of 107/109. (Paul) Are they using their core number as their Attending? (Eric) We will get back to you to let you know what type of attending provider number needs to go in this area or needs to be associated the 107/096.

UPDATE: the attending type/spec should be 107/096.

(Eric) The Target Pop Matrix was updated on the Division's IPRS Website on 12/20/2007. The same day, we had an update to the System Audit Manual posted as well. We will put this in the minutes to let you know what those updates included.

UPDATE: (Eric) Update for System Audit Manual: Updated Audits for Telemedicine procedure code. Actual update is on the page "Updates Added".

(Eric) Let's move forward with our discussion about NPI testing or Beta Testing. We are still looking for and hoping that you will Beta test even though as of the beginning of this year we began to accept NPI only data to the IPRS mailbox. We are still looking for LMEs to continue or to start with you're Beta testing for format as well as content testing of NPI claims.

(IPRS) Paul-I wanted to remind everyone that is getting an NPI and you are providing the NPI numbers to DMA that you also need to provide the NPI number to DMH so they can get the NPI added on the IPRS side as well. (Tom) are you suggesting that we send DMH all of our Network provider names? (Paul) No, I'm not. I am talking about your billing provider numbers only. The shared Medicaid numbers we are still capturing that on a nightly basis with our nightly copy-over job.

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(Eastpointe) Terry- I have a question in regard to the NPI, we are a fully divested. However, we did apply and received the NPI number, but we are not giving that out. So we have many providers calling wanting our NPI and what I have told them is that we have to be fully divested to have one. What number am I suppose to give them in the place of that? (Paul) Where are they putting this number? (Terry) I do not have that in front of me. (Beth) I can tell you what we are giving out, when we are giving out referring numbers for children. (Terry) That is what this is. (Paul) If you are marked as Atypical on the provider database, you do not have to provide them with the NPI. When that legacy number comes in, your regular billing provider numbers as the referring it will it look up on the database and see that is marked Atypical and it will not be required to have an NPI submitted. (Terry) Based on the January Medicaid bulletin these providers think they don't get pay for their services that they are billing if they don't have our NPI. (Paul) Probably the best word to use with them is "Atypical" and that your agency is Atypical and you do not have to apply and submit NPI.

(Beth) I have a question in regard to that. If you are fully divested and considered Atypical then can you make references for children? (Terry) I think we can still make references because they are still calling. (Beth) In that case I think that what you are referring is your legacy number to put at the bottom of the claim and forwarding it to DMH while you are at it. The claims should have your Medicaid ID so they don't have to look it up to see if it is Atypical and then to pay those claims or do they an edit in place for that?

(IPRS) Paul- We do have an edit in place for an Atypical provider that NPI is not required. (Terry) If they submit that 34049 number in that slot where the NPI number is, is it a problem for them? (Paul) I won't recommend it. The legacy goes in the legacy and the NPI goes in the NPI. (Terry) So, leave the NPI blank. (Paul) Correct.

(Western Highlands) Tom- I have a couple of providers contact me and say that when they contact DMA to confirm whether the LME is Atypical number is acceptable or not that the technical assistant that they are getting from DMA is that it is not acceptable. The DMA Representative there and the Atypical LME number is acceptable than you can get the words out to the technician and advising our network providers. (Eric) We are taking that into consideration Thanks.

(Eric) Are there any NPI related questions? (Paul) I have one more request regarding NPI. For all LME's: when you have completed your Beta testing and you are comfortable with going into production with NPI-only being submitted on your claims, please give EDS a heads up. We can place some extra eyes out and be a little more proactive and look at claims to make sure that they continue to process the way they should. Please email the ECS distribution list.

(Sandhills) Tom – Do you have any kind of update on reprocessing the 119? (Eric) Tom are you speaking about the 8508 budget denial? (Tom) Yes, for single streams folks? (Eric) No, we don't have an update as to a specific date as to when that's going to happen. We are still working on that solution. We are getting close but we have a little bit more work to do on that. But, we will definitely let you know. (Tom) There are a couple of things going on here. One, We have providers that we need to do some adjustments for, but we were told not to do adjustments until this was completed. The other thing will be implementation of our single streams earnings. We are half way through the year. I don't want to be having a conversation later on in the year about not earning our single stream money and me not knowing it until later on in the year either. We really need this pretty

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soon.

(Eric) We understand that Tom. We are definitely not the only ones that understand. The division is aware of the issue that you all might be going though right now or potentially may have to face. We are trying to expedite the delivery of the solution. We encourage everyone to continue to submit your claims as you typically would, and make sure that you are getting the 8508 errors and we are looking into tracking that data. We have the means by which to track that data. I am not exactly sure if you will have access to that report. We know that folks in the Division have communicated to the LME's that are single stream, whether or not they are within the numbers or far off. But again we are aware of what is going on and what you all have to do. We are still working on that and we are expecting to have that solution completed relatively soon. (Tom) Thank you very much. (Eric) We appreciate your concern, thanks.

(Cathy) (Centerpoint) I have a couple of questions. (Eric) You are cutting out, we are asking to repeat again, but, just in case we are going to suggest that you send a specific question, just in case we can pull in your question. Send your question to IPRS Q&A but, try to repeat that one more time. (Cathy) A Public Psychiatry Funding Allocation is not recorded on the IPRS report IPDR3811. (Eric) Cathy we will refer this to the Budget Office in the Division and try to follow up on this and we will get back to you on that. (Cathy) OK, I have one more question. Our Room and Board, from last fiscal year, how do LME's get paid for our Room and Board charges when we are not able to bill for services from last year, since the new guideline that SSI application was not denied until this fiscal year. (Eric) That question sounds familiar. I think you sent that into IPRS Q and A. I believe that is the question that we are looking into. That is a question we cannot answer right now. We will follow up.

(Eastpointe) Terry - This is just a general question. We have sent several questions to Q and A that IPRS has not responded to and we have some left over questions from last month that have not been responded to. Do you go through them? (Eric) I try to go through them daily. I am not sure which question in particular you're saying that has not been responded to. (Terry) I will try to resend them to you. The other you may try to talk to Libby about. (Eric) I remember speaking to Libby about an issue yesterday.

(Medicaid) Theresa Diana – Just want to reiterate some thing out of the January bulletin, specifically with the Taxonomy update and Web Tool. The NCECS Web Tool in particular there were a few added fields on the web tool. Taxonomy was one of the fields and also the billing address which is now asking for the zip plus four, so just be aware of those updates on the NCECS Web tool. The bulletin states that if the taxonomy is not on the claim starting in March, the claims will be denied. So start putting that on the claim with Medicaid.

Also, for the NPI workshop, the electronic online registration is now available. There are eight sites. They are trying to go around the entire state and hit all the major areas. If you have not signed up for this seminar or you want to recommend a provider to sign up, it will be the latest and greatest NPI information. The NPI will start to appear on the status report (RA) right above the provider number starting this month. Also you may check out the NPI and address database from the DMA home page. It is available to verify the provider number against the NPI and the address.

I also have an answer for Tom question that we had discuss in the last call. This was regarding Value Options and the provider number. There are three provider numbers that are needed on the treatment report itself and you were wondering which provider number you would use for Value Options.

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	(Western Highlands) Tom - Right and when specifically lengthen provider the extreme reimbursement through the LME. (Theresa) EDS did check with Value Options and they responded that they are not going to be the referring provider. That was one of the three fields. The referring provider is not the authorizing provider for the approval. If a group number is listed on the treatment report then it would be the group number. If it is not a group number than it would end up being the individual provider. That was the reply that Value Options gave. (Tom) Whose group number? The LME or the provider? (Theresa) which ever number is listed on the out patient treatment report. It depends on how the submission is sent in to Value Options. (Tom) When I do a claim and do the LME attending number, how will that cross reference to the old PR number. (Theresa) Well, since there were three fields and the referring, referring is not the authorize provider, and then there are two other fields and the one that would indicate a group number, if there is a group number indicated on the form would become the authorized provider. If there is not a group number listed on the form it would be the individual provider and that was the response from Value Options. Does that answer your question? (Tom) The third field, the Attending Provider what is accepted with that. (Theresa) That basically is letting them know the provider number that is rendering the service. (Terry) What question were you referring to? (Theresa) Tom's question was in reference to the Outpatient Treatment Report that is sent in to Value Options for Prior Approval. (Tom) This is for the provisionally licensed provider who doesn't have an individual number and who's billing through the LME and when I send the claim up I use LME number as the attending. (Theresa) Is the LME repeating the payment on the claim? (Tom) Right. (Theresa) OK, then it will most likely be the LME number as the authorized provider. (Theresa) If you call into Provider Services and you have a recipient ID number and ask which provider number is authorized for Prior Approval, it's mostly the one that is receiving the payment and in that case it will be the LME. You can always call into Provider Services to ask specifically. (Tom) A provider said they called Provider Services to change the number and they wouldn't allow that. What is the process to correct it? (Theresa) If there were to be a change on the Prior Approval, Value Options will have to make that update because EDS has read-only capability (Tom) Yes, what is the process to change that? (Theresa) Now, probably that would be through Value Options with a corrected Outpatient Treatment Report request. I would have to check on the specifics on how to do that. But, you can send that into IPRS Q and A and we can look into that and get back to you on the next call. (Eric) Are there any Medicaid related questions? (Eastpointe) Terry - I just wanted to check the November bulletin. I have a question in regards to the Medicaid Credit Balance Report, when is that report going to be required. (Medicaid) Theresa - Thank you for bringing that up Terry. I did check with the Third Party section at DMA this morning. All hospital, hospice and nursing provider facilities, they have been required to send in a credit voucher for sometime now and this is nothing new for them. It is new for the fact that the bulletin said "Attention all providers". This is only when a provider has an outstanding credit balance that would need to be reported to the Third Party section at DMA. This does not mean that every single calendar quarter end needs a credit voucher report, if nothing has an outstanding balance. So, if you have a zero amount for a credit balance, then you do not have to send in to Third Party at DMA. If you find that at the end of the quarter, there is an amount of money that you need to send back to Medicaid, then they are asking for the credit balance report. If you send in a refund as your credit balance to Medicaid, they

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are asking for a copy of the refund check or if you choose, there are two options, it's either the refund or the adjustment, if you choose the adjustment method, you just indicate that on the credit balance report and they will be clear on how the money is being sent into them. Does that answer your question? (Terry) Yes.

(Albemarle) Victoria – Can we confirm if there is going to be any Mental Health rates effective in January? Because it has not been published. (Theresa) I would keep checking on the DMA Website for the fee schedule for that information I was looking there yesterday and I didn't see the update either, so that would be the place to refer to once updates are made to all the rates. (Victoria) Ok, Thank you.

(Victoria) I just missed the first few minutes, what was said about YP500? (Eric) There were some claims that were denied that came in with YP500 on the claim. There were maybe a half a dozen that fell into this category that denied incorrectly because the procedure code end date was based on date or processing and not date of service. We have made change to the end date on the YP500 procedure code and we are asking that those folks that sent in claims that denied with YP500 incorrectly to resubmit those claims.

UPDATE: These claims should not be resubmitted. If an LME has an existing obligation for this service after 12-31-07, they should contact the DMH budget office to request realignment of funds and begin the FSR process.

(Joyce) This question has come up several times and the answer we have gotten is that we do not require proof of residency of North Carolina for the clients to receive services. When we ask our policy people and they research it they check the statement with the Division lawyer it is that we do not require proof of residency to receive service at this time. Now that may change, but currently we do not require proof of residency as so they are living in North Carolina. (Victoria) Thank you.

(Mecklenburg) Ron – Going back to Community Support, giving there is not change in rate, will rates need to be submitted for our providers, or will the current rate in effect be used? (Theresa) The current rate in effect will be in use. (Ron) Thank you. (Eric) Are there any more questions regarding these items, we will conclude with our roll call.

(Eastpointe) Terry- Just about every Community Support code that we have billed for this Checkwrite has been denied. We know that we didn't change anything in our systems and its giving is a denial code 8536. (Eric) Terry, did you send an email in regard to that? (Terry) I just printed it out yesterday and noticed it for this week's Checkwrite. (Eric) OK. Can you send us that question in IPRS Q and A with a couple of ICNs and the question?

(Eastpointe) Terry- OK. Also, I have a question in regard to the developmental specialty of only 16 units allowed per day. At some point in time I thought there was an edit in the systems that if the service did go out before the 16 units, it would pay the 16 units and not denying the whole services. (Eric) I don't think we can confirm or deny that right now whether if that was the actually case. We will have to look into that actual issue and get back to you or at least come back to the group with it. (Eric) Are there denials you are seeing right now in regard to that? (Terry) Yes (Eric) Can you send an example as well? (Terry) Sure.

DMH and/or EDS Concluding Remarks:

For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.

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	o Physician phone analyst (i.e. Independent Mental Health Providers)-4706 o Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 **Roll Call Updates**

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